

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/566079

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 3 <sup>rd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		/		/		
5		/		/		
6		/		/		
7		/		/		
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46		/		/		
47		/		/		
48	/		/			
49	/		/			
50		/		/		
TOTAL IND.		8		8		
TOTAL DEP.		4		4		
TOTAL CLAIMS		12		12		

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/		/		
52		/		/		
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96		/		/		
97		/		/		
98		/		/		
99		/		/		
100		/		/		
TOTAL IND.		6		6		
TOTAL DEP.		43		43		
TOTAL CLAIMS		49		49		